



# TOWN OF ISLIP

## OFFICE OF THE TOWN CLERK

REGINA V. DUFFY  
TOWN CLERK & REGISTRAR

### Information on How to Obtain a Death Certificate

**FEES: ONE (1) COPY \$10.00, TWO (2) COPIES IS \$20.00, ETC.**

#### General Instructions

- Use this application if you are the spouse, parent or child of the deceased.
- Use this application only if the death occurred in the Town of Islip.
- Do not use this application for genealogy requests
- Print a copy of this application, complete and sign.
- Mail application with a money order and a copy of any required documentation or bring in person with cash or money order and any required documentation ( see below)

#### What is lawful right or claim?

- If the applicant is not the spouse, parent or child of the decedent, a lawful right or claim must be documented. An example of lawful right or claim would be a death record needed by the applicant to claim a benefit.
- Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested death record is required from the applicant in order to process a claim.

#### Identification requirements -Application MUST be submitted with copies of either A or B.

- A. One (1) of the following forms of valid photo-ID:
- Driver license
  - Non-driver license
  - Passport
  - Military ID
- B. Two (2) of the following showing the applicant's name and address:
- Utility bills or telephone bills for two consecutive months
  - Letter from a government agency dated within the last six months

**Fees:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded. Fee for one (1) copy \$10.00, two (2) copies is \$20.00, etc.

Completed requests will be returned by first class mail unless a pre-paid return mailer is provided. We do not accept pre-paid enveloped from UPS. We will accept a pre-paid envelope from Federal Express or the United States post office only.

**Processing time:** Mail requests will take up to two (2) to three (3) weeks once received.

**Completing the Form:** Once you have completed form, print and sign it. Bring or mail to **Town of Islip Registrar Dept., 655 Main St., Islip, NY 11751** along with money order made payable to 'Town of Islip' and any other required documentation. If you bring in the application cash is accepted, but do not send cash through the mail.

**Attorney copies:** Requests must be made on letterhead. Please include all vital information and reason you are requesting same. Attorney must sign letter and mail with a copy of their driver's license and bar association card if applicable. Payment may be made with your business check.



TOWN OF ISLIP  
REGISTRAR OFFICE

Application for Copy of Death Certificate

Required ID must be included with application. Make money order payable to **Town of Islip**. Do not send cash in the mail.

Mail to: Town of Islip  
Registrar  
655 Main Street  
Islip NY 11751

\_\_\_\_\_ Copies without confidential cause: \$10 each

\_\_\_\_\_ Copies with confidential cause: \$10 each

Name of Deceased:

Social Security No. of Deceased:

First

Middle

Last

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)

Date of Birth of Deceased:

Age at Death:

From

To

mm / dd / yyyy

Maiden Name of Mother of Deceased:

Death Certificate No.: (If known)

First

Middle

Maiden Last

Name of Father of Deceased:

Local Registration No.: (If known)

First

Middle

Last

Place of Death:

Name of Hospital or Street Address

Village, town or city

County

Purpose for which Record is Required:

What is your relationship to person whose record is required?

In what capacity are you acting?

If attorney, give name and relationship of your client to person whose record is required:

**Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.**

Signature of Applicant:

Date Signed:

Month	Day	Year

Registrar use only

☐ No record

☐ Cash

☐ Mo # \_\_\_\_\_

Address of Applicant:

(Applicant's Name)

(Street)

(City)

(State)

(Zip)

Telephone No.: ( ) \_\_\_\_\_

Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a **notarized** statement signed by the applicant and a copy of the applicant's drivers license.)

(Name)

(Street)

(City)

(State)

(Zip)